

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Georgia

CASE MANAGEMENT SERVICES

A. Target Group: Most in need, mentally or emotionally disturbed, drug or alcohol abusers, mentally retarded or developmentally disabled recipients.

B. Areas of State in which services will be provided:

☒ Entire State except for the counties listed below:

Burke, Emanuel, Glascock, Jefferson, Jenkins and Screven

☐ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than Statewide):

C. Comparability of services:

☐ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

☒ Services are not comparable to amount, duration, and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of services:

Demonstrated medically necessary case management services which are an integral part of aiding the eligible recipients to overcome their health related disabilities and to attain their highest level of independence or self-care.

Medically necessary is a term used to describe a service which is reasonably calculated to prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the recipient receiving the service.

The following criteria must be met prior to admission to service:

1. Physician order as evidenced in the Individualized Service Plan, and,
2. The client meets the Division of Mental Health, Mental Retardation and Substance Abuse criteria for Most-In-Need status, and,
3. One or more of the following:
 - a. the client has been discharged from "inpatient" service two or more times in the previous 12 months, or
 - b. the client is currently residing in a living arrangement financially supported by the Department of Human Resources, or
 - c. the client has a history of severe and disabling mental illness or substance abuse and is "homeless." Homeless is defined as: determination by area mental health, mental retardation and substance abuse service programs, by whatever means, that an individual is undomiciled, i.e., one who lives with neither family nor in a board and care home, a single room occupancy hotel, a nursing home or in his/her home or apartment; has a history of persistent, continuous or intermittent use of shelter services; and is unable to secure permanent or stable housing, or
 - d. the client is on an outpatient court ordered commitment status, or
 - e. the client would be eligible for services under the provisions of Title XIX (Medicaid) 2176 Waivers, or
 - f. the client is receiving Clozaril as a part of a treatment plan formulated by the Area Mental Health, Mental Retardation and Substance Abuse Program, and,
4. The client exhibits one or more of the following:
 - a. Repeated, long term use of restrictive intensive care settings.
 - b. Noncompliance with treatment or failure to access needed services.

TRANSMITTAL 92-27
APPROVED 9-2-92
EFFECTIVE 7-1-92
SUPERSEDES 89-16

- c. Frequent crisis episodes.
- d. Multiple programs (dual diagnoses, medical fragility).
- e. Need for multiple services and their coordination.
- f. Lack or inadequacy of natural supports.

Prior Approval for case management service will be given by the Department of Human Resources to any enrolled provider on Form DMA-610, Prior Authorization Request.

Case Management Services Include:

1. Assessment of prescribed recommended services in the physician plan of care and identification of those services which have not been adequately assessed over time, resulting in client deterioration and the use of unexplained intensive care services such as emergency crisis intervention or hospitalization.
2. Development of specific 24 hour service plan for each client to assure adequate medical, pharmacy and other needed services.
3. Establishment of relationships between patient and medically necessary services.
4. Assisting the patient in attaining or retaining capability for independence or self care. Assistance will be limited to management and/or coordination efforts and will not include the direct provision of services by the case manager.
5. Monitoring service delivery to continually evaluate patient status and quality of services provided.
6. Discharge planning coordination to hospital inpatients. This is the only service provided hospital inpatients.

TRANSMITTAL 93-024
APPROVED 8-9-93
EFFECTIVE 4-1-93
SUPERSEDES 92-27

Non-Covered Services

No services provided in nursing homes or prisons will be covered.

No counseling services will be provided by case managers.

No services to enrolled clients in an Institution for Mental Diseases (IMD) Units will be covered, however, clients may remain enrolled in the case management program and services resumed upon discharge from an IMD Unit.

Medicaid will not pay for Case Management services that duplicate case management services provided to eligible recipients through other Targeted Case Management Programs.

E. Qualification of Providers:

Case management providers must meet the conditions established by the Department of Human Resources (DHR) and contained in the DHR Grants-to-Counties Manual and the Division of Mental Health, Mental Retardation and Substance Abuse (MH/MR/SA) Policy Memorandum 40-01 and Standards Manual. Services are provided to eligible recipients who are emotionally or mentally disturbed, drug or alcohol abusers, and mentally retarded or developmentally disabled.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TRANSMITTAL 93-024
APPROVED 8-9-93
EFFECTIVE 4-1-93
SUPERSEDES 92-27

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: GEORGIA

CASE MANAGEMENT SERVICES

A. Target Group: Pregnant Women under age 21 and other pregnant women at risk for adverse outcomes.

B. Areas of State in which services will be provided:

 X Entire State.

 Only in the following geographic areas (authority of section 1915 (g) (1) of the Act is invoked to provide services less than Statewide):

C. Comparability of Services:

 Services are provided in accordance with section 1902 (a) (10) (B) of the Act.

 X Services are not comparable in amount, duration, and scope. Authority of section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of section 1901 (a) (10) (B) of the Act.

Definition of Service:

Perinatal case management is a set of interrelated activities for coordinating and monitoring appropriate services for eligible pregnant women. The purpose of case management services is to assist those pregnant women eligible for Medicaid in gaining access to needed medical, nutritional, social, educational and other services; to encourage the use of cost-effective medical care through referrals to appropriate providers; and to discourage overutilization of costly services. Case management services will provide necessary coordination with providers of non-medical services, nutrition programs like WIC, or educational agencies, when services are needed.

The set of interrelated activities are as follows:

1. Comprehensive needs assessment of clients identified as eligible for Medicaid Case Management services, including medical, nutritional, psychosocial and health educational assessments.
2. Development and implementation of an individualized service plan to meet the service needs of the client.

TRANSMITTAL 91-04
APPROVED 3-8-91
EFFECTIVE 3-1-91
SUPERSEDES 87-14

Revision: HCFA-PM-87-4
MARCH 1987 (BERC)

SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 2 (Part B)
OMB No.: 0939-0193

STATE/TERRITORY: GEORGIA

3. Assistance to the client in locating providers and making the necessary connections to services identified in the service plan.
4. Implementation of a tracking system to ensure that the client received needed services.
5. Coordination of services needed by the client with multiple providers in the community.
6. Monitoring and follow-up to ensure that the services are received, are adequate to meet the client's needs and are consistent with appropriate quality of care.

These activities are structured to be in conformance with 1902(a)(23) and not to duplicate any other service reimbursed in the Medicaid program.

E. Qualification of Providers:

Enrollment will be accomplished in accordance with Section 1902(a)(23) of the Act.
Enrollment is open to all providers who can meet the following requirements:

1. Provider Qualifications:

- a. Must have qualified case manager(s) and the capacity to provide the full range of perinatal case management services.
- b. Must meet applicable state and federal laws governing the participation of providers in the Medicaid program.
- c. Must have demonstrated, direct experience in the delivery of maternal and child health services (i.e., prenatal, family planning, immunization, EPSDT and WIC services).
- d. Must have a demonstrated ability to provide or coordinate pregnancy-related health and human services.
- e. Case management staff must complete training before becoming a qualified provider for perinatal case management.
- f. In order to avoid duplication of services and to promote effective community level networking, case management providers must provide written notification to the local health department(s) for the geographic area or areas to be served and agree to coordinate all appropriate referrals.

TRANSMITTAL 93-005
APPROVED 3-22-93
EFFECTIVE 1-1-93
SUPERSEDES 89-14

Revision: HCFA-PM-87-4
MARCH 1987 (BERC)

SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 3 (Part B)
OMB No.: 0939-0193

STATE/TERRITORY: GEORGIA

2. Case Management Staff Qualifications:
 - a. RN or Social Worker licensed in Georgia with a minimum of one year of experience in working with pregnant women.
 - b. Paraprofessionals with one year of human service delivery experience or documented college level course work in health or human services may be used to support case management services when performed under the supervision of a qualified case management RN or social worker.
- F. The State assures that the provision of perinatal case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.
 1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TRANSMITTAL 93-005
APPROVED 3-22-93
EFFECTIVE 1-1-93
SUPERSEDES 89-14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Georgia

CASE MANAGEMENT SERVICES

A. Target Group: Infants and Toddlers with established risk for developmental delay.

B. Areas of State in which services will be provided:

X Entire State

 Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

 Services are provided in accordance with section 1902(a)(10)(B) of the Act.

X Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902 (a)(10)(B) of the Act.

D. Definition of Services:

Early Intervention Case Management for infants and toddlers is an integral and necessary part of services designed to meet the developmental needs of each eligible child to enhance the child's development. Case management is an active, on-going process consisting of specific activities which are aimed at assisting parents on behalf of their child in gaining access to the early intervention services and to receive the rights and procedural safeguards that are authorized under the early intervention program.

The integral and necessary services and specific activities include:

1. Coordinating the referral and scheduling of evaluations and assessments;
2. Facilitating and participating in the development, review and evaluation of individualized family service plans (IFSP);

TN No. 91-20

Supersedes

TN No. New

Approval Date 12-5-91

Effective Date 5-21-91

HCFA ID: 1040P/0016P

State/Territory: Georgia

3. Assisting parents or guardians in gaining access to early intervention services and other services identified in the IFSP for the benefit of the eligible child;
4. Assisting families on behalf of their child to identify and utilize available service providers and financial resources to obtain services and goods;
5. Coordinating and scheduling the child's appointments for early intervention services and other services, such as medical services for diagnostic and treatment purposes;
6. Facilitating the timely delivery of available services;
7. Informing families of the availability of advocacy services and support groups which will benefit the child;
8. For the benefit of the child, assist families in gaining access to the appropriate educational setting, day care or pre-school program or to other resources;
9. Arrange transportation services to all appointments made for the benefit of the eligible child; and,
10. Facilitating the development of a transition plan to pre-school services when appropriate.

E. Qualifications of Providers:

Enrollment will be accomplished in accordance with section 1902 (a)(23) of the Social Security Act. Enrollment is open to all providers who can meet the following requirements:

Providers must demonstrate knowledge and understanding about infants and toddlers who are eligible under Part H - Early Intervention Programs (EIP), the EIP regulations and the nature and scope of services available under Early Intervention, the system of payment for services and other pertinent information.

TN No. 91-20

Supersedes

TN No. New

Approval Date 12-5-91

Effective Date 5-21-91

HCFA ID: 1040P/0016P

State/Territory: Georgia

1. Provider Qualifications:

- a. must have qualified case manager(s) and the capacity to provide the full range of management services to children with developmental delays;
- b. must meet applicable state and federal laws governing the participation of providers in the Medicaid program;
- c. must have demonstrated direct experience in the delivery of services to children with developmental delays or disabilities; and,
- d. must have established working relationships with other agencies (i.e., health departments, schools, Children's Medical Services, Cerebral Palsy Center, hospitals and clinics, etc.) to prevent duplication of services for the Medicaid population.

2. Case Management Staff Qualifications:

- a. must meet the qualifications of case managers under Part H of Public Law 99-457;
- b. have a Bachelor's degree in either social work, child and family studies, early childhood special education, psychology or a closely related field with two years of related experience; or
- c. have a Registered Nurse diploma with two years of related experience and licensed to practice in Georgia; or
- d. have a Master's degree in one of the above fields.
- e. Related experience must be working with children with special health care needs, developmental delay, or handicapping conditions.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

TN No. 91-20
Supersedes
TN No. New

Approval Date 12-5-91

Effective Date 5-21-91

HCFA ID: 1040P/0016P